

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.  
**09/446449**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		12				
4		21				
5	1					
6		1				
7		12				
8		21				
9	1					
10		1				
11		1				
12		1				
13		1				
14		51				
15		18				
16	1					
17	1					
18		1				
19	1					
20		1				
21		1				
22		1				
23		10				
24		1				
25		10				
26		1				
27		10				
28		1				
29	1					
30	1					
31	1					
32	1					
33		1				
34		12				
35		21				
36		12				
37		1				
38		10				
39		1				
40		10				
41		1				
42		10				
43		1				
44		10				
45		1				
46	1					
47						
48						
49						
50						
TOTAL IND.	11					
TOTAL DEP.	35					
TOTAL CLAIMS	46					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55						
56						
57						
58						
59						
60						
61						
62						
63						
64						
65						
66						
67						
68						
69						
70						
71						
72						
73						
74						
75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

Best Available Copy